Case 15-13763		l 10/16/17 Entere ument Page 1 o	ed 10/16/17 13:19:36 Desc Main of 3	
Fill in this information to iden	tify your case:			
Debtor 1 Cassandra Shere	ese Carey Middle Name	Last Name		
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name		
United States Bankruptcy Court for t	the: _Eastern District of Pennsy	lvania		
Case number 15-13763-ref (If known)			Check if this is: ☑ An amended filing	
			A supplement showing post-petition chapter 13 income as of the following da	e:
Official Form 106I			MM / DD / YYYY	
	I			
Schedule I: Yo	our income		12	15
Be as complete and accurate as supplying correct information. If you are separated and your s	s possible. If two married peo If you are married and not fili pouse is not filing with you, the top of any additional pag	ing jointly, and your spous do not include information	ebtor 1 and Debtor 2), both are equally responsible for se is living with you, include information about your in about your spouse. If more space is needed, attach case number (if known). Answer every question.	r spouse.
Be as complete and accurate as supplying correct information. If you are separated and your s separate sheet to this form. On	s possible. If two married peo If you are married and not fili pouse is not filing with you, the top of any additional pag	ing jointly, and your spous do not include information	ebtor 1 and Debtor 2), both are equally responsible fo se is living with you, include information about your n about your spouse. If more space is needed, attach	r spouse.
Be as complete and accurate as supplying correct information. If you are separated and your s separate sheet to this form. On Part 1: Describe Empl 1. Fill in your employment	s possible. If two married peo If you are married and not fili pouse is not filing with you, the top of any additional pag	ing jointly, and your spous do not include information ges, write your name and c	ebtor 1 and Debtor 2), both are equally responsible fo se is living with you, include information about your n about your spouse. If more space is needed, attach case number (if known). Answer every question.	r spouse.

attach a separate page with information about additional employers.	Employment status		red		EmployedNot employ	ed
Include part-time, seasonal, or self-employed work.		Coo Attocheson				
Occupation may Include student or homemaker, if it applies.						
	Employer's name	NJ Transit				
	Employer's address					
		Number Street			Number Street	
		·				
		City	Stat	e ZIP Code	City	State ZIP Code
	How long employed the	ere?				
Part 2: Give Details About	Monthly Income					
Estimate monthly income as of spouse unless you are separated.		m. If you have noth	ing to	report for any line, w	vrite \$0 in the space.	Include your non-filing
If you or your non-filing spouse hat below. If you need more space, at			ormatio	on for all employers t	for that person on the	lines
				For Debtor 1	For Debtor 2 or non-filing spou	
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.		2.	\$ 3,017.82	\$_0.00		
3. Estimate and list monthly over	time pay.		3.	+\$ 0.00	+ \$_0.00	_
4. Calculate gross income. Add lin	ne 2 + line 3.		4.	\$ <u>3,017.82</u>	\$ <u>0.00</u>	

Case 15-13763-ref Doc 70 Filed 10/16/17 Entered 10/16/17 13:19:36 Desc Main Document Page 2 of 3

Debtor 1

Cassandra Sherese Carey

First Name Middle Name Last Name

Case number (if known) 15-13763-ref

		For Debtor 1		For Debtor 2 or non-filing spouse		
Copy line 4 here	→ 4.	\$ 3,017.82		\$ <u>0.00</u>		
5. List all payroll deductions:						
5a. Tax, Medicare, and Social Security deductions	5a.	\$ 371.88		\$ 0.00		
5b. Mandatory contributions for retirement plans	5b.	\$ 90.53	_	\$ 0.00		
5c. Voluntary contributions for retirement plans	5c.	\$ 0.00	_	\$ 0.00		
5d. Required repayments of retirement fund loans	5d.	\$ 0.00	_	\$ 0.00		
5e. Insurance	5e.	\$ 0.00	_	\$ 0.00		
5f. Domestic support obligations	5f.	\$ 0.00	_	\$ 0.00		
5g. Union dues	5g.	\$ 0.00	_	\$ 0.00		
5h. Other deductions. Specify: See Attachment 2	5g. 5h.		_	+ \$ 0.00		
·		,	_			
6. Add the payroll deductions . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	. 6.	\$ <u>1,110.52</u>	-	\$ 0.00		
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_1,907.30	-	\$ 0.00		
8. List all other income regularly received:						
8a. Net income from rental property and from operating a business, profession, or farm						
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	_	\$_0.00		
8b. Interest and dividends	8b.	\$		\$ 0.00		
8c. Family support payments that you, a non-filing spouse, or a dependence regularly receive		Ψ	-	Ψ		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$ <u>150.32</u>	_	\$_0.00		
8d. Unemployment compensation	8d.	\$	_	\$ 0.00		
8e. Social Security	8e.	\$ 0.00	_	\$ 0.00		
8f. Other government assistance that you regularly receive						
Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental	nce	\$_0.00	_	\$_0.00		
Nutrition Assistance Program) or housing subsidies. Specify:	8f.					
8g. Pension or retirement income	8g.	\$	_	\$_0.00		
8h. Other monthly income. Specify:	8h.	+\$_0.00	_	+\$_0.00		
9. Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_150.32		\$ 0.00		
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_2,057.62	+	\$_0.00	_]=	\$ 2,057.62
11. State all other regular contributions to the expenses that you list in Sche	dule J	<u>.</u>				
Include contributions from an unmarried partner, members of your household,	your d	ependents, your ro	omn	nates, and other		
friends or relatives.		allabla ta massassassassassassassassassassassassass		a liata dia Caba dula		
Do not include any amounts already included in lines 2-10 or amounts that are	not av	valiable to pay exp	ense			\$_0.00
Specify:					. Т	\$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S				•	<u>)</u> .	\$ <u>2,057.62</u>
						Combined
13. Do you expect an increase or decrease within the year after you file this	form?					monthly income
Yes. Explain:						
<u>— 100. Ехріані.</u>						

Addendum

Attachment 1

Disability via Pension Disbursement (NOT EMPLOYED)

Attachment 2

457 EE Bus Loan, ATU Credit Union, BBS, and Health/ Dental